



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSINGJENNIFER M. GRANHOLM
GOVERNORJANET OLSZEWSKI
DIRECTOR

Early Hearing Detection and Intervention Program **Intervention Status Follow-Up Form** **Hearing Loss Identified**

Date:			FAX:		
To:			County <i>Early On</i> ®Michigan Coordinator		
From: Anne Jarrett, EHDI, Follow-Up Consultant, 517/335-8878					
RE:			DOB:		
DX Hearing Loss:					
Early On Services:					
Already enrolled in EO system?	Yes	No	First Enrollment Date:		
Parents refused EO services?	Yes	No			
Other disabilities identified?	Yes	No			
Educational Intervention:					
Coordinating Interventionists:			Phone:		
School System:					
A person with HI experience on the IFSP?	Yes	No			
Audiological Intervention:					
Coordinating Audiologist:			Phone:		
Audiologic monitoring every 3 months?	Yes	No			
Amplification option chosen?	Yes	No	Fit date:		
Amplification monitored every 3 months?	Yes	No			
Cochlear Implant option chosen?	Yes	No			
Communication Skills Intervention:					
Parent-Infant Program?	Yes	No			
Family Support:					
Resource guide distributed? (Form # MDCH-0376)	Yes	No	Date: (for copies 517/335-9560)		
Community Mental Health Services?	Yes	No			
Children's Special Health Care Services?	Yes	No			
Family-to-Family Support Referral?	Yes	No	(EHDI Parent Consultant 517/335-8273)		
Medical Intervention:					
Coordinating Physician:			Phone:		
Risk indicator for hearing loss identified?	Yes	No	Risk Indicator:		
Physician involved in IFSP?	Yes	No			
Otolaryngology evaluation?	Yes	No	Referral in process?	Yes	No
Ophthalmology evaluation?	Yes	No	Referral in process?	Yes	No
Genetic evaluation? Clinic:?	Yes	No	(for MDCH Genetics 517/335-8887)		

I hereby give my permission to the Early On staff to release this intervention information to the MDCH/EHDI. I understand that MDCH/EHDI uses this information to help ensure that my child receives appropriate services. MDCH/EHDI uses unidentified combined intervention information to help improve statewide services.

Parent signature:	Date:
FAX BACK TO 517/335-8036 by:	Date Faxed Back:

(9/2/03)